

Tour Guide Physician's Certificate

- ☐ Tour Guide - Class A Applicant
☐ Tour Guide - Class B Applicant

To the best of the physician's knowledge and belief, the applicant is:

- ☐ of sound physique
☐ with good eyesight (at least 20/40 vision with or without correction)
☐ good hearing in both ears
☐ not subject to epilepsy, vertigo, or heart trouble
☐ free from any contagious or infectious disease
☐ not a drunkard or addicted to the use of habit-forming drugs.

This certifies that I have examined the applicant below and find he/she meets the above qualifying medical conditions prescribed by DC Columbia Municipal Regulations Title 19 Chapter 12.

Physician's Name

License Number

State

The person who is named and has signed below -- having been duly sworn -- deposes and says that he/she is the applicant for the tour guide license and that the answers, submissions and other statements contained in the application are true.

Physician's Signature

Date

Phone Number

Applicant

Applicant Signature

Subscribed and sworn to before me the _____ day of _____, 20_____

Commission Information: _____

Seal Notary Public: _____